

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 1 _ 0 5 _

2. STATE:

MO

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE

04/01/01

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

7. FEDERAL BUDGET IMPACT:

a. FFY _____ \$ _____
b. FFY _____ \$ _____

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

See Attached

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

10. SUBJECT OF AMENDMENT: Cooperative Interagency Agreements between the Department of Social
Services, Division of Medical Services and the attached school districts, for the provision
of Early Periodic Screening Diagnosis and Treatment (EPSDT) Administrative Case Management.

11. GOVERNOR'S REVIEW (Check One):

☒ GOVERNOR'S OFFICE REPORTED NO COMMENT *2P*
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☐ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

[Signature]

13. TYPED NAME:

Dana Katherine Martin

14. TITLE:

Director

15. DATE SUBMITTED:

March 29, 2001

16. RETURN TO:

Division of Medical Services
P.O. Box 6500
Jefferson City, MO 65102-6500

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

03/30/01

18. DATE APPROVED:

JUN 28 2001

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

APR 01 2001

20. SIGNATURE OF REGIONAL OFFICIAL:

[Signature]

21. TYPED NAME:

Thomas W Lenz

22. TITLE:

Acting Director for Medicaid & State Operations

23. REMARKS:

SPA CONTROL

DATE SUBMITTED: 03/29/01

DATE RECEIVED: 03/30/01

INSTRUCTIONS FOR COMPLETING FORM HCFA-179

Use Form HCFA-179 to transmit State plan material to the regional office for approval. A separate typed transmittal form should be completed for each plan/amendment submitted.

Block 1 - Transmittal Number - Enter the State Plan Amendment transmittal number. Assign consecutive numbers on a calendar year basis (e.g., 92-001, 92-002, etc.).

Block 2 - State - Type the name of the State submitting the plan material.

Block 3 - Program Identification - Title XIX of the Social Security Act (Medicaid)

Block 4 - Proposed Effective Date - Enter the proposed effective date of material.

Block 5 - Type of Plan Material - Check the appropriate box.

Block 6 - Federal Statute/Regulation Citation - Enter the appropriate statutory/regulatory citation.

Block 7 - Federal Budget Impact- 7(a) - Enter 1st Federal Fiscal Year (FFY) impacted by the SPA & estimated Federal share of the cost of the SPA (in thousands) for 1st FFY. **7(b)** - Enter 2nd FFY impacted by the SPA & estimated Federal share of the cost for 2nd FFY. See SMM section 13026.

Block 8 - Page No.(s) of Plan Section or Attachment - Enter the page number(s) of plan material transmitted. If additional space needed, use bond paper.

Block 9 - Page No.(s) of the Superseded Plan Section or Attachment (if applicable) - Enter the page number(s) (including the transmittal sheet number) that is being superseded. If additional space needed, use bond paper.

Block 10 - Subject of Amendment - Briefly describe plan material being transmitted.

Block 11 - Governor's Review - Check the appropriate box. See SMM section 13026 B.

Block 12 - Signature of State Agency Official - Authorized State official signs this block.

Block 13 - Typed Name - Type name of State official who signed block 12.

Block 14 - Title - Type title of State official who signed block 12.

Block 15 - Date Submitted - Enter the date you mail plan material to RO.

Block 16 - Return To - Type the name and address of State official this form should be returned to.

Block 17-23 (FOR REGIONAL OFFICE USE ONLY)

Block 17 - Date Received - Enter the date plan material is received in RO. See ROM section 6003.2.

Block 18 - Date Approved - Enter the date RO approved the plan material.

Block 19 - Effective Date of Approved Material - Enter the date the plan material becomes effective. If more than one effective date, list each provision and its effective date in Block 23 or attach a sheet.

Block 20 - Signature of Regional Official - Approving RO official signs this block.

Block 21 - Typed Name - Type approving official's name.

Block 22 - Title - Type approving official's title.

Block 23 - Remarks - Use this block to reference pen and ink changes, a partial approval, more than one effective date, etc. - If additional space needed, use bond paper.

Transmittal 01-05

<u>School District</u>	<u>Effective Date</u>	<u>New Attachment No.</u>	<u>Old Attachment No.</u>
Aurora R-VIII	April 1, 2001	4.16-250B	New
Bakersfield R-IV	April 1, 2001	4.16-165B	4.16-165
Blue Eye R-V	April 1, 2001	4.16-251B	New
Butler R-V	April 1, 2001	4.16-252B	New
Carrollton R-VII	April 1, 2001	4.16-253B	New
Clinton #124	April 1, 2001	4.16-254B	New
Clinton County R-III	April 1, 2001	4.16-255B	New
Crawford County	April 1, 2001	4.16-256B	New
DeSoto 73	April 1, 2001	4.16-257B	New
Eminence R-I	April 1, 2001	4.16-258B	New
Farmington R-VII	April 1, 2001	4.16-259B	New
Festus R-VI	April 1, 2001	4.16-260B	New
Franklin County R-II	April 1, 2001	4.16-261B	New
Gideon #37	April 1, 2001	4.16-262B	New
Grandview R-II	April 1, 2001	4.16-263B	New
Hannibal Public	April 1, 2001	4.16-264B	New
Holden R-III	April 1, 2001	4.16-265B	New
Hollister R-V	April 1, 2001	4.16-266B	New
Jasper County R-V	April 1, 2001	4.16-267B	New
Joplin R-VIII	April 1, 2001	4.16-268B	New
Kearney R-I	April 1, 2001	4.16-269B	New
Keytesville R-III	April 1, 2001	4.16-270B	New
Kingston 42	April 1, 2001	4.16-271B	New
Laclede County R-I	April 1, 2001	4.16-169B	4.16-169
Lesterville R-IV	April 1, 2001	4.16-196B	4.16-196
McDonald County R-1	April 1, 2001	4.16-272B	New
Mehlville R-IX	April 1, 2001	4.16-024B	4.16-024
Normandy	April 1, 2001	4.16-035B	4.16-035
North St. Francois County R-I	April 1, 2001	4.16-273B	New
Northeast Vernon RI	April 1, 2001	4.16-274B	New
Northwest R-I	April 1, 2001	4.16-275B	New
Paris R-II	April 1, 2001	4.16-276B	New
Parkway C-2	April 1, 2001	4.16-151B	4.16-151
Plainview R-VIII	April 1, 2001	4.16-277B	New
Platte County R-III	April 1, 2001	4.16-177B	4.16-177
Savannah R-III	April 1, 2001	4.16-279B	New
Shell Knob	April 1, 2001	4.16-280B	New
Slater	April 1, 2001	4.16-281B	New
St. Clair	April 1, 2001	4.16-282B	New
Strafford R-VI	April 1, 2001	4.16-283B	New
Taneyville R-II	April 1, 2001	4.16-284B	New
Union R-XI	April 1, 2001	4.16-285B	New
Wentzville R-IV	April 1, 2001	4.16-286B	New
Worth County R-III	April 1, 2001	4.16-287B	New

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TOTAL P.08

**COOPERATIVE AGREEMENT BETWEEN
THE DEPARTMENT OF SOCIAL SERVICES, DIVISION OF MEDICAL SERVICES
And
NAME OF SCHOOL DISTRICT HERE**

**SCHOOL DISTRICT ADMINISTRATIVE CLAIMING
THROUGH THE MEDICAID PROGRAM**

STATEMENT OF PURPOSE

The Missouri Department of Social Services (DSS) through its Division of Medical Services (DMS) and the **SCHOOL DISTRICT HERE**, in order to provide the most efficient, effective administration of Title XIX, Early Periodic Screening, Diagnosis and Treatment (EPSDT) a.k.a. in the state as Healthy Children and Youth, hereby agree to the conditions included in the Cooperative Agreement. The provision of School District Administrative Claiming (SDAC) Program by the school district has been determined to be an effective method of assuring the availability, accessibility and coordination of required health care resources to Medicaid eligible children residing within the boundaries of the district.

The Department of Social Services, Division of Medical Services recognizes the unique relationship that the district has with EPSDT/HCY eligible clients and their families. It further recognizes the expertise of the school district in identifying and assessing the health care needs of Medicaid eligible and potentially eligible clients and in planning, coordinating and monitoring the delivery of preventive and treatment services to meet their needs. DSS, in order to take advantage of this expertise and relationship, enters into this cooperative agreement with the school district for SDAC.

The Department of Social Services, Division of Medical Services recognizes the school district as the most suitable agent to administer outreach, referral and coordination through SDAC for its Medicaid and potentially Medicaid eligible clients and their families.

The Department of Social Services and the school district enter into this Cooperative Agreement with full recognition of all other existing agreements which the Department may have developed for services to Title XIX eligible clients living within the district's boundaries and which are currently included in the Title XIX State Plan.

**I
MUTUAL OBJECTIVES**

1. Assure that all Title XIX eligible clients under the age of 21 and their families are informed of the EPSDT/HCY benefits and how to access them.
2. Assure that assistance is provided to children and their families in determining their

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Supersedes TN No. _____

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Effective Date **APR 01 2001**

- eligibility for participation in Missouri's Medicaid plan.
3. Assure early and appropriate intervention and screening so that diagnosis and treatment occur in a timely manner.
 4. Assure that services are of sufficient amount, duration and scope to correct or ameliorate the condition for which they were determined to be medically necessary.
 5. Assure that services are provided by appropriate Medicaid enrolled providers for the correction or amelioration of conditions identified through a full, partial, or inter-periodic EPSDT/HCY screen.
 6. All terms of this Agreement and procedures adhere with OMB Circular A87.

II RESPECTIVE RESPONSIBILITIES

The Department of Social Services Agrees to:

1. Reimburse the school district the Title XIX federal share of actual and reasonable costs for EPSDT administrative activities provided by staff based upon a time-accounting system which is in accordance with the provisions of OMB Circular A87 and 45 CFR parts 74 and 95; expense and equipment costs necessary to collect data, disseminate information and carry out the staff functions outlined in this agreement. The rate of reimbursement for eligible administrative costs will be 50%. The rate of reimbursement for eligible costs qualifying under regulations application to Skilled Professional Medical Personnel and their supporting staff (compensation, travel and training), will be reimbursed at 75% when the criteria of 42 CFR 432.50 are met. Changes in federal regulations affecting the matching percentage and/or costs eligible for enhanced or administrative match, which become effective subsequent to the execution of this agreement will be applied as provided in the regulations. Upon receiving each quarterly claim DSS will draw down and make payments to the school district the amount equal to the appropriate Federal Financial Participation (FFP) for all claims submitted, less DSS administrative costs of seven percent (7%) of the FFP associated with administration of this program.
2. Provide the school district access to the information necessary to properly provide the SDAC activities.
3. Develop and conduct periodic quality assurance and utilization reviews in cooperation with the school district.
4. Provide directly through DSS/DMS or its agent, training and technical assistance to staff of the school district regarding the responsibilities assumed within the terms of this agreement.

SAMPLE
Attachment Number Here

5. Conduct directly through DSS/DMS in service training sessions for participating school districts on an annual basis.
6. Provide directly through DSS/DMS necessary consultation to the school district on issues related to this agreement as needed by the school district.
7. Accept federally approved "Indirect Cost Allocation and Certification Summary" on file at DESE as official indirect cost allocation plan to be used in calculating amount of payment due.

The School District agrees to:

1. Assist the Department of Social Services, Division of Medical Services by promoting the availability of Medicaid covered health services and improving students access to those services. The following activities have been identified as appropriate:

Outreach to Children/Families to Access Medicaid

Use this code when performing specific activities to inform eligible children under the age of 21 and their parents about Medicaid and EPSDT benefits and access. Information includes a combination of oral and written methods that describe the range of services available through Medicaid and EPSDT, the cost (if any), location, how to obtain services, and the benefits of preventive health care. Includes related paperwork, clerical activities or staff travel required to perform these activities.

Facilitating An Application for Medicaid Programs

Use this code when assisting children and families in establishing Medicaid eligibility, by making referrals to the Division of Family Services for eligibility determination, assisting the applicant in the completion of the Medicaid application forms, collecting information, and assisting in reporting any required changes affecting eligibility. Includes related paperwork, clerical activities or staff travel required to perform these activities.

Program Planning, Policy Development, and Interagency Coordination Related to Medical Services

Use this code when performing activities associated with the development of strategies to improve the coordination and delivery of Medicaid covered medical/mental health services to school age children, and when performing collaborative activities with other agencies. Only employees whose position descriptions include program planning, policy development, and interagency coordination should use this code. Include related paperwork, clerical activities or staff travel required to perform these activities.

Referral, Coordination, And Monitoring Of Health Care Services

Use this code when making referrals for, coordinating, and/or monitoring the delivery of medical (Medicaid covered) services. Use this code when involved in Medicaid specific training. This includes coordinating with the state Medicaid agency. Include related paperwork, clerical activities, or staff travel necessary to perform these activities.

2. Participate with DSS/DMS or its agent in the directed Random Moment Sampling process to determine the percentage of staff time providing SDAC reimbursable activities in accordance with the provisions of OMB Circular A 87 and 45 CFR parts 74 and 95.
3. Provide to the DSS/DMS or its agent, the information necessary for the Division of Medical Services to request federal funds available under the state Medicaid match rates.
4. Maintain the confidentiality of client records and eligibility information received from DSS and use that information only in the administrative, technical assistance and coordination.
5. Certify to DSS the provisions of the non-federal share for SDAC via completion of DMS "Certification of General Revenue" form.
6. Accept responsibility for any disallowance and incur the penalties of same resulting from the activities associated with this agreement. Return to DSS any federal funds that are deferred and/or ultimately disallowed arising from the administrative claims submitted by DSS on behalf of the school district.
7. Consult with the Division of Medical Services on issues arising out of this agreement.
8. Conduct all activities recognizing the authority of the state Medicaid agency in the administration of state Medicaid Plan on issues, policies, rules and regulations on program matters.
9. Maintain all necessary information for a minimum of five (5) years to support the claims and provide HCFA any necessary data for auditing purposes.
10. Submit claims on a quarterly basis to DSS/DMS or its agent that correspond with the predetermined statewide methodology for submitting claims.

III PROGRAM DESCRIPTION

SDAC activities provide for the efficient operation of the state Medicaid plan. These activities aid the potential Medicaid eligible recipient to gain eligibility, access screening services, follow-up on referrals to additional medical providers, follow through on recommendations and assist the family in becoming able to meet its child's needs in such a way that they are able to function at an optimal level with minimal intervention.

Medicaid is committed to the least restrictive method of treatment for children and will maintain this as a priority.

IV
TERMS OF THIS AGREEMENT

The period of this Cooperative Agreement shall be from **EFFECTIVE DATE** through **ENDING DATE**. This agreement shall remain in effect for a period of five years but shall be reviewed annually by a representative of both parties with recognition of that review being indicated by attaching the results of that review as an addendum to this agreement. This agreement may be canceled at any time upon agreement by both parties or by either party after giving thirty (30) days prior notice in writing to the other party provided, however, that reimbursement shall be made for the period when the contract is in full force and effect.

Steven E. Renne, Acting Director
Department of Social Services

Date

Name of Superintendent
Name of School District

Date

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Supersedes TN No. _____

Approval Date **JUN 28 2001**
Effective Date **APR 01 2001**